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BY
STEPHEN SMITH, M.D.,
SURGEON TO BELLEVUE HOSPITAL.
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The Proprietors of the MEDICAL TIMES take pleasure in announcing to its readers that during the year 1863 the following special contributions have been promised for its pages:—

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Surgeon General of the State of New York.

NOTES ON MEDICAL JURISPRUDENCE.
By T. C. FINNELL, M.D.,
President New York Pathological Society.

Army Medical Intelligence.

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D.C., Dec. 31, 1862. }

SIR:—Hereafter soldiers entitled to artificial limbs, and not in one of the U. S. Hospitals established for their reception, may, upon presenting proper proof to any of the following duly appointed Medical Directors, receive from them an order for the same.

NAMES OF MEDICAL DIRECTORS.—Surgeons A. N. McLAREN, U.S.A., Boston, Mass.; CHAS. McDUGALL, U.S.A., New York, N. Y.; W. S. KING, U.S.A., Philadelphia, Pa.; I. SIMPSON, U.S.A., Baltimore, Md.; R. O. ABBOTT, U.S.A., Washington, D.C.; L. H. HOLDEN, U.S.A., Cincinnati, O.; J. F. HEAD, U.S.A., Louisville, Ky.; M. MILLS, U.S.A., St. Louis, Mo.; I. B. PORTER, U.S.A., Chicago, Ill.; R. H. ALEXANDER, U.S.A., New Orleans, La.

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Very respectfully,
Your obedient servant,

By order of the Surgeon-General.

Asst Surgeon S. H. Horner, U.S.Vols., has been assigned to Carver Hospital, Washington.

A Board for the examination of medical officers who may be reported incompetent in the Army of the Potomac, has been convened in Washington, D. C. Surgeon George Suckley, U.S.Vols., is President of the Board.

So much of General Orders 865, current series, from the Adjutant-General's Office, as dismissed Surgeon Anawalt, 182d Pennsylvania Volunteers, has been revoked, and he is restored to his command, provided the vacancy has not been filled.

So much of Special Orders No. 359, current series, Adjutant-General's Office, as dismissed Surgeon J. N. Hoffman, 155th Pennsylvania Volunteers, has been revoked, and he is restored to his command, provided the vacancy has not been filled.

Surgeon T. P. Gibbons, U.S.Vols., has been directed to report for duty to the Medical Director at Baltimore, Md.

Leave of absence for twenty days has been granted to Surgeon G. Grant, U.S.Vols.

Dr. Brownell relieved Surgeon Jacob Bockee, U.S.Vols.; in charge of the St. James Hospital at New Orleans, La, Surgeon Bockee having been transferred to the Marine Hospital, where he relieves Surgeon E. K. Browne, U.S.Vols.

Surgeon T. G. Catlin, U.S.Vols., having reported to the Assistant Surgeon-General at St. Louis, has been assigned to temporary duty at Jefferson Barracks, Mo.

Surgeon A. Wynkoop, U.S.Vols., lately in charge of the Cranch Hospital, Washington, D. C., has been assigned to duty with the 6th Army Corps.

Surgeon Rush, 161st Pennsylvania Volunteers, Chief Surgeon of Westell's Brigade, has been directed to transfer all the sick of that Brigade from the regimental to the General Hospital, and proceed with the convalescents to Newbern, N. C.

Surgeon Chas. McCormick, U.S.A., arrived in Washington from New Orleans on the 3d inst., on the staff of General Butler.

Surgeon Robert Murray, U.S.A., lately Medical Director of General Rosecrans's Army, has arrived at Philadelphia, Pa., where he has been assigned to duty as Medical Purveyor.

Asst Surgeon Edwin Freeman, U.S.Vols., has been placed on duty with Light Battery L 2d New York Artillery, Army of the Potomac.

Asst Surgeon George Hammond, U.S.A., has been directed to report to the Assistant Surgeon-General at St. Louis.

Asst Surgeon W. F. Cornick, U.S.A., to relieve Assistant Surgeon H. L. Sheldon, U.S.A., from duty at Portsmouth Grove, R. I. The latter on being relieved to proceed to West Point, and relieve Assistant Surgeon A. Hartnuff, U.S.A. The latter will then report in person to the Surgeon-General in Washington.

Asst Surgeon M. J. Asch, U.S.A., now on duty as a member of the Army Medical Board at Philadelphia, to report for duty to the Medical Director, Army of the Potomac.

Medical Inspector J. M. Cuyler, U.S.A., to repair to Philadelphia, Pa., to relieve Surgeon E. H. Abadie, U.S.A., as President of the Medical Examining Board, and also to inspect hospitals there with special view to the discharge of disabled soldiers, according to law and orders relating thereto.

Leave of absence for (15) fifteen days, subject to the approval of Major-General Crittenden, has been granted to Surgeon Samuel D. Turney, 15th Ohio Volunteers, to enable him to appear before the Medical Board at Louisville, Ky.

Medical News.

DEATH OF JACOB HARSEN, M.D.

A SPECIAL meeting of the New York Academy of Medicine was held on Saturday, Jan. 3, 1863, to take action in reference to the death of JACOB HARSEN, M.D., DR. JAMES ANDERSON, President, officiating.

The President appointed Drs. J. G. ADAMS, GURDON BUCK, and BENJ. OGDEN, a committee to draft resolutions suitable to the occasion; whereupon the following resolutions were presented and duly adopted:—

Whereas, It has pleased the Great Disposer of human events, in his inscrutable Providence, to remove from us by death our late Fellow, JACOB HARSEN, M.D., in the prime of life and full tide of useful labor, therefore

Resolved, That in the decease of DR. HARSEN this Academy mourns the loss of an honored Fellow, and this community of a great public benefactor. Blessed by a kind Providence with large wealth, inherited from his ancestors, he dispensed it with a liberal hand in the promotion of the great interests of science and humanity. To raise the fallen, to succor the wounded and distressed, to minister to the neglected, to visit the forsaken, to remember the forgotten, was the peaceful and pleasant mission of his daily life. His native city will long cherish the memory of one of her most worthy sons, while the remembrance of his distinguished philanthropy, his whole-souled benevolence, his unstinted charity, will enshrine him in the hearts of the Profession of which he was an honored member.

Resolved, That this Academy most sincerely sympathizes with his afflicted and large circle of devoted friends in this great bereavement.

Resolved, That as mourners, we will in a body attend his funeral.

Resolved, That our Secretary be requested to transmit to the relatives of the deceased a copy of these resolutions.

Signed,

J. G. ADAMS, M.D.
G. BUCK, M.D.
B. OGDEN, M.D.

NEW YORK, JAN. 3, 1863.

On motion of DR. GREENE the foregoing preamble and resolutions were ordered to be published in the AMERICAN MEDICAL TIMES, and the daily papers.

JOHN H. HINTON, M.D.,
Secretary.

The Academy attended the remains of their lamented Fellow to St. Bartholomew's Church, where the Order for the Burial of the Dead was said and chanted, after which his remains were carried for final interment to Trinity Cemetery.

THE following is the reply of M. Nélaton to a certain number of workmen, who offered to vote for him as deputy:—"Gentlemen, I feel much gratified at the step you have taken; but I must confess that it astonishes me as much as it does me honor. I do not see well how my knowledge of surgery can have made you imagine that I am qualified for the mission with which you wish to invest me, or how I should have suddenly become a political economist, a financier, and a legislator, because I have discovered the presence of a ball in the foot of a wounded man. If the object in view were to appoint me surgeon to the Chamber, that would be a different affair; but the business of a deputy is what I have never learnt in Hippocrates, and for which, to speak frankly, I have no taste. I am even convinced that the affairs of the country would not go on better; and that my patients, being neglected, would fare the worse. I must, therefore, while thanking you for what you have done, declare that you propose to me an honor which it is impossible for me to accept."—*Brit. Jour.*

FRENCH LITIERES.—Dr. Shrumpton, of Paris, points out a defect in the British mode of conveying the wounded from the field of battle: "The French make use of *cacolets* and *litières* of articulated light iron work. The *cacolets* are arm-chairs, and the *litières* beds, which fit into the sides of pack-saddles, and can be easily let down at the moment they are required, the animal carrying them being employed until then in the transport of camp stores, forage, etc. These *cacolets* and *litières* form part of the *matériel de guerre* of a French army, and belong to the department of the Train des Equipages Militaires."—*Brit. Jour.*

Original Lectures.

THE RELATIONS OF ALBUMINURIA TO PREGNANCY.

BEING REMARKS MADE BEFORE THE
NEW YORK ACADEMY OF MEDICINE.
By GEORGE T. ELLIOT, JR., M.D.

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN
BELLEVUE HOSPITAL MEDICAL COLLEGE, PHYSICIAN TO BELLEVUE HOSPI-
TAL AND THE LYING-IN ASYLUM, ETC.

(Concluded from page 15.)

In some of the cases alluded to, thus far the coexistence of fatty liver with fatty kidneys and heart has been established by microscopic examinations. Both my memoranda and my recollections of other cases in women, in males, and in children at the breast, teach me that this is by no means an unusual complication. On the contrary, when proven to exist in one organ, I am quite prepared to find that the microscope will show its existence in one or both of the others. Nor does such co-existence of fatty degeneration prove unimportant in obstetric practice. I find the complication alluded to some years ago at different times, in some of my published cases, and the opinion expressed, that often what we are content to sum up in the emphatic word "shock"—that collapse and inability to rally, seen in some cases, where they would scarcely have been anticipated—might still more frequently be traced by an autopsy to the occurrence of these degenerations.

Neither my memoranda nor my memory recall to my mind more than one well marked case of the large white kidney. The appearance of that on section are as clear in my mind as yesterday. I have always regretted that no microscopic examination was made. The history of the case presented also many points of extreme interest, which may thus be very briefly summed up.

She was a primipara; aged 28; strongly built; who came under my observation anasarous, exhausted, suffering from diarrhoea, with her urine loaded with albumen. Diarrhoea controlled. Stimulants given, and when rallied $\frac{3}{4}$ vj of blood were taken from the lumbar region with cups. She had four convulsions, with an interval of consciousness between the second and third. I dilated her uterus with the douche, and delivered one still-born child with forceps, and a second living one by version. Warmth, salines, and diaphoretics then made up the treatment. She had a good getting up, and in ten days-time was sitting by the stove, bright and happy. On the next day she had a convulsion, and never regained consciousness, though she lived for two or three days with scarcely any secretion of urine. The post-mortem was witnessed by Drs. Isaacs and Gouley.

I do not remember having met with the small contracted kidney in the autopsies of any puerperal women.

In one of my cases the autopsy of a young primipara—whose bedside I reached just after her death in puerperal convulsions—disclosed a condition of kidneys which has never been brought under my observation at any other time. She had died undelivered, and I removed a dead child by the Cæsarean section, and obtained permission to examine the uterus and kidneys alone. On inspection these kidneys were found to be about the same size and weight, but on section, one exhibited evident appearances of disease, while the other seemed healthy. The difference between them was noticed by Dr. Foster Swift, and others, and they were shown at a clinic which I then held in the College of Physicians and Surgeons. In order to test the matter still further, I sent one to Dr. Isaacs and the other to Dr. Gouley, and the report from each of these gentlemen confirmed the character of the appearances observed by the naked eye. Unfortunately these reports have not been preserved; and unfortunately I had no opportunity of examining that woman's body to determine the mode of death. The case is offered as a solitary exception to the

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law of parallelism, correctly stated by Prof. Flint, and as possibly explanatory in some rare cases of recovery or duration of life despite the evidences of continued advanced disease in the urine. How fortunate for us, indeed, would it be, could one kidney, remaining healthy, do the increased labor devolving on it from the disease of its fellow.

Before leaving the question connected with the pathology of this disease, I desire to express my conviction that the recurrence of albuminuria in successive pregnancies will be found to be more frequent than is generally admitted, and that the risks are greater in proportion than in primiparae, in consequence of the greater age and greater probability of being associated with advanced renal disease.

My memoranda give me twelve cases of albuminuria in multiparae. Of these four died during or within a few days subsequent to labor; two are now paralysed, and their fate not determined; one was safely carried through by premature labor, induced in July last, but the urine continues to present the evidences of albuminuria. In that case albumen, casts, or low specific gravity have been noticed at intervals, for three years, since the occurrence of albuminuria and puerperal convulsions in her first confinement. In one whom I saw in her first labor, in consultation with Dr. Warner, when suffering from violent puerperal convulsions, albumen reappeared in the course of the second pregnancy, and disappeared before its close by abstinence from meat and the use of Rochelle salts, and she did well in and subsequently (as yet) to her confinement. Of the four remaining cases set down as recoveries, three have passed from under my observation, but the fate of the fourth was detailed to me a day or two since, by my friend Dr. Bishop. In her case he detected albumen subsequently to her labor, and she died two years afterwards anasarous, with albuminuria and phthisis.

Collins's cases only furnish one of convulsions in multiparae. That woman had convulsions in her first labor, and died after the second from metro-peritonitis, dependent on laceration of vagina. Hardy and McClintock give three cases of convulsions in multiparae and two of these had convulsions in their first confinement. Of the three cases two recovered. One however, of those who had suffered from convulsions in her first confinement, in addition to convulsions in her second, suffered from partial paralysis of left side of face and right arm, followed by mania, and then a low form of religious melancholy, which lasted six months, and required confinement in an asylum. She is reported as having recovered.

In analysing the cases of Johnston and Sinclair, I find fifteen cases of convulsions in multiparae. Of these four mothers died. In investigating the character of the cases, it appears that of the eleven mothers who recovered, two evidently had hysterical convulsions, and one very probably, while a third presents some symptoms of possible hysteria. Including this last case, however, there remain eight, five of whom presented the favorable circumstances of convulsions coming on after labor only; while of the three who were convulsed before labor, two were only two hours in labor, and one six hours. Thus an analysis of these cases in the absence of full reports of the urine, shows that in the whole number an average mortality occurred, while the very remarkably favorable contingencies of hysteria, occurrence after labor, and very rapid labor, blessed the eleven cases which did well. Johnston and Sinclair's cases also had the benefit of anaesthesia. It is interesting to note, that in but two cases are the previous labors referred to. In one they had been natural, and in one convulsions had occurred, and this patient died from granular kidney.

Of the five reported cases of convulsions recurring in multiparae by Samuel Merriman, two died. Lee gives seven cases of convulsions in multiparae, of whom one died. Of the recoveries one had evidently hysterical convulsions recurring in each labor after birth. In one there was no eclampsia, as the extremities were not convulsed. Of the remaining five cases of true eclampsia, the one that died is stated to have had convulsions in her first labor, and to

have died three months after her second, with tubercles in her lungs and serum in the ventricles. At that time Dr. Lee had no knowledge of the present received pathology of puerperal eclampsia.

Mad. La Chapelle records three cases of eclampsia in multiparæ, of whom two died.

I believe that paralysis will be found more frequently in multiparæ than in primiparæ. It has certainly been so in my experience. When it has occurred under my observation in primiparæ it has been fatal, excepting in one young lady who came under my care some years ago, almost blind. She had suffered puerperal convulsions, paralysis, and blindness from the presence of a clot. Time and absorption relieved the paralysis and the blindness to a sufficient extent to enable her to get about, and further improvement is hoped for.

The probabilities of albuminuria being more dangerous in them are strengthened, in my judgment, by the frequency of paralysis, in all probability caused by the fatty degeneration of the vessels of the brain, associated as that condition has been in some cases under my observation with fatty kidneys and liver.

In conclusion I may say that, gratifying as is our advance in the pathology of this subject, I believe that the next ten years will be required to settle the statistical questions involved, and I have no doubt of a diminished ratio of mortality from palliative and prophylactic treatment.

Among the results of albuminuria in pregnancy, there is probably no one more intimately related, more frequent, or more appalling than puerperal convulsions. I have memoranda of thirty-two cases.

In twenty-nine of these the conditions of the urine were noted. In twenty-six albumen was found.

Of three cases in which no albumen was found, two examinations of the urine were made before labor without result; in one primipara. The convulsions occurred during and subsequent to labor. Chloroform, wet cups to the temples, and forceps were used. Both mother and child recovered. An examination of the urine made some two months after the labor—the only other examination made—revealed a specific gravity of only 1009. It is very much more than likely that more thorough and frequent search would have detected albumen in that case.

A second case came under my observation only after her delivery by craniotomy. She was a primipara, who also did well, and the examinations were not frequently repeated.

The third was an extremely interesting case of general convulsions in a multipara, unattended with albuminuria or loss of consciousness, and referable distinctly to spinal irritation. The mother and child did well.

Indeed it is my conviction that *true puerperal eclampsia* is always associated with the disturbances of the kidney considered in this debate.

While I have frequently met with albuminuria at the time of labor and before labor, when no convulsions have occurred, my cases, which I have analysed for this paper, present but two belonging to this class.

In one of these, a primipara, the urine is described as becoming almost solid by heat and nitric acid. That patient died after delivery, by forceps, of a living child. An absolutely rigid os had resisted the douche, and was previously incised. She had no convulsions; probably they were ward off by treatment. Certainly she had amaurotic symptoms, disturbances of hearing, piteous, uncontrollable restlessness and agitations, and the post-mortem has been alluded to in these remarks.

In the other the urine was noted as densely albuminous, and the patient had headache, saw sparks and flashes of light before the eyes, and complained of a very peculiar, distressing, nervous tremulous feeling. In her case there was also pain on pressure over the right kidney. Under these circumstances, I dilated the os with the douche, and delivered with the forceps, and both did well. Chloroform was also used in these two cases.

In thirty-two cases the fate of mother or child was noted.

Of the mothers, twenty-three recovered and nine died.

The fate of the child was noted in twenty-nine cases, of which seventeen were born alive, and twelve died. Of this number of deaths two were premature children, and one owed its death to pelvic deformity of the mother and craniotomy. Of those born living, two died within a week, one after two days, and the other after a week. In my opinion the fate of the last mentioned is due to imperfect nutrition, and not to the influences of the labor. In the other case I did not think the child would live so long.

In the treatment of puerperal eclampsia, it is not necessary for me to repeat the views which I had the honor to offer to the Academy on a recent occasion, regarding the use of chloroform. They have undergone no change since that time. As a prophylactic of anticipated convulsions, both in cases where they have not as yet appeared, and where we seek to prevent their recurrence, it is in my judgment invaluable.

Perhaps there is no one question more intimately connected with the general treatment of puerperal eclampsia than blood-letting. My notes state that venesection was resorted to in eleven cases, of which eight recovered and three died.

Local bloodletting (by cups in eleven cases) was employed in eight cases, of which six recovered and two died.

In contemplating venesection from my present point of view it is very evident that it has been steadily losing favor with me for some years. The more I study the pathology of these diseases, their subsequent tendency to anemia, even to death by syncope, the more I recognise the effect of chloroform in quieting the capillary and other circulation in these cases, and in preventing renewed congestion by warding-off convulsions, the less necessary does the remedy seem to me, notwithstanding the favorable statistics represented above. I dissent from the positive views on this subject recently expressed in the London Medical Times and Gazette, by that high and respected authority, Dr. Ramsbotham, and regret that the remedy was resorted to in some of my cases. Indeed for several years venesection has not been resorted to by me. Yet I do not wish to say that I may not recommend it in a certain class of very sthenic cases. It is certain that these views are not influenced by any difference in the type of convulsions observed here and in Great Britain, so far as the Hospital cases are concerned, for personal observation as well as the well known peculiar cosmopolitan character of this metropolis witness to the contrary. It is also my belief, that the tendencies of my practice are rather to diminish alike the frequency and the amount of local bloodletting in these cases. Perhaps those cases in which the tenderness over the kidney with blood exudation or scanty urine occurs, may always be shown to be benefited by cupping, though even in one of these occurring in a robust primipara, death occurred a few days after labor by syncope. The tendencies to cerebral extravasations are shown to be infrequent, by no means more certainly than by an analysis of the autopsies made before recognition of the pathology of true puerperal convulsions, when the brain was expected to elucidate the cause.

In cathartics, and especially the salines, steadily used, so as not, however, to weaken the patient, I have much confidence both as prophylactics, and as aiding to remove the results of simple stasis of the kidney, though I have long been very chary of calomel; nor do I at all object to diuretics, most particularly after delivery, when in so many cases you can see the beneficial effects from a natural and copious eliminative diuresis. But the diuretics should not be of the more stimulating class, and should be preceded by cupping, when renal congestion is proved or believed to exist.

Prolonged warm bathing as a prophylactic or subsequent treatment, abstinence from meat and malt liquors (in those able to dispense with them), with warm clothing, form part

of my general recommendations, and I look forward with great hope to the more general use of Turkish or vapor baths as a most valuable agent; as it is, bathing or the hot air bath are the diaphoretics which I prefer. It would be very interesting to know how far tendencies to Bright's disease might be diminished in communities where such baths are generally used. Iron and tonics are pre-eminently necessary in the after treatment of many cases.

In my judgment, the prompt termination of the labor, when convulsions occur or are clearly foreshadowed, offers the best chance for mother and child. But while in many of these cases operative measures are eminently simple, and should be within the reach of all, there are many others in which only the expert should feel warranted to interfere, as he alone can know how free from risk the given operation may be in his hands. Among the many valuable results of anæsthesia there is no one more satisfactory than the fact that we can allow a patient to sleep calmly through a period of time which we would otherwise be very loth to allow, watching meanwhile the foetal heart, and guarding both the lives intrusted to our care.

In those cases where true puerperal eclampsia occurs at term and yet before labor has commenced, I approve of watching opportunity for bringing on the labor. The sponge tent, where great restlessness or great debility exist, has been my favorite remedy, though Barnes's method now seems superior; but, wherever possible, Kiwisch's douche is my especial favorite, and I could multiply instances of its delightful results. But the stream must be steadily thrown *against and within* the os uteri, or it will not prove effectual. These remedies are equally valuable where labor coexists with an undilatable os. It may have been a coincidence, but in the only three cases in which I have had to recommend incision of the cervix, two were terrible cases of fatal albuminuria, in one of which eclampsia occurred. One was proved to be utterly incurable by the autopsy, and the other in all probability belonged to the same category. The principal questions of treatment remaining in albuminuria (as I have no experience with the agents recommended for the special relief of blood poisoning) are the considerations of premature labor and abortion. No cases for the latter decision have come before me, and I waive it now, though recorded cases of safety to a mother, with chronic albuminuria, from successive miscarriages, are suggestive of the method; but it seems to me that premature labor demands renewed and careful attention. Excluding those cases just considered, where the term of pregnancy is reached, and the mere induction of the phenomena at a period when the ovum is ripe is involved, it appears to me that the induction of *real* premature labor is justifiable undoubtedly, and advisable probably in multiparæ where chronic albuminuria exists, or has shed its baneful influences over the previous labor; and most especially when, in despite of our best prophylactic treatment, the increasing albumen, lower specific gravity, diminished urea in the urine, advance of microscopic phenomena, or those disturbances of the nervous system now so well recognised as often the first mutterings of the storm, one or all cast their weight into the scale.

Among the great questions of pathology not yet settled, is the time which may be needed to change many of these kidney diseases from the form yet compatible with recovery to those fatal to life. Certainly it seems to me that no attentive student of these phenomena can consider without apprehension the duration of pregnancy as an element of time and danger in the case which I have just sketched. For the mother the question is already settled in my mind. Personal familiarity with the induction of premature labor in these and other cases has convinced me both of its comparative harmlessness and of its advantages to the mother; but the risks to the child require a further collection of facts for the final decision of the question.

Narcotics have always been used very sparingly by me in these cases, having given the preference to the use of anæsthetics in severe cases. But where the restlessness,

insomnia, or pain, require relief, I use them cautiously, codéine or McMunn's Elixir being my choice. I have taken advantage of a hint from Dr. Graves, and used an anodyne under the pretence of an enema, and have resorted to hypodermic injection.

I have never used the mydriatics.

I have classed puerperal mania among the complications of albuminuria, but my cases do not afford me any illustrations of frequency which can at all compare with those in eclampsia.

My notes present me ten cases of puerperal mania, all occurring in primiparæ, in but one of which albumen was detected. But one of these proved fatal, and in that case there was neither albuminuria nor low specific gravity. Autopsy refused. Two other cases are noted as of a bad type, one being sent to the Bloomingdale Asylum; and in a third case the strait-jacket had to be used.

My memory recalls also a case of chorea in a young primipara, occurring during lactation. All that she required was to take iron and stop nursing. She had no evidence of other trouble.

I cannot close these remarks, Mr. President, without asking the indulgence of the Academy for trespassing so greatly on their time. It has been my endeavor to present frankly, succinctly, and faithfully, my personal experience of this subject, though sacrificing much matter for brevity; nor could I close without expressing the pleasure which it has afforded me to review and recognise the assistance which has been extended to me in these observations during the last ten years by those in this city most familiar with these researches.

In one of the earliest as in one of the latest of my cases, I find myself indebted to Dr. Clark for his microscopic examinations; and the Fellows of this Academy can well understand how ungrudgingly and with what suavity of manner he has sacrificed many an hour to give me the advantage of his experience; while the names of younger gentlemen alluded to this evening will be recognised as among our most talented observers.

But there is one among them all whose loss has been most painfully recalled by this debate, whose attainments would have cast a flood of light on these intricate subjects, whose void has never been filled—the genial, kind-hearted, self-sacrificing, sympathetic Isaacs: whose knowledge was only equalled by his modesty; whose influences were like gentle dew on the growth of our scientific investigations.

There are such men as he whose lives present a peculiar charm, which, like the fragrance of crushed flowers, exhales with renewed freshness from the tomb!

PROFESSOR MAGNI has a new theory of glaucoma. Here is a *résumé* of his views:—The morbid process of glaucoma consists in an atrophy, primitive and progressive, of the ciliary nerves. For this affection science has as yet given us no direct remedy. Iridectomy is the best treatment of it which we have, but iridectomy merely influences the progress of the affection by removing those conditions which favor its rapid development. Although the effects of the operation are not permanent, we may consider them as lasting for a long time, on account of the slow progress of the atrophy of the ciliary nerves.—*Brit. Jour.*

NEW HOSPITAL IN PHILADELPHIA.—We are happy to announce that the ordinance providing for the erection of a municipal hospital in this city has finally passed both branches of council. It provides that the Mayor shall, on or before the first day of January, appoint one person, and that the Guardians of the Poor shall appoint two, the Board of Health three, and the Inspectors of the County Prison two of their own members, at a stated meeting in December, who, with the respective Presidents of each Board, shall constitute a commission for the erection of a Municipal Hospital. The aggregate sum of forty thousand dollars is appropriated for the cost of the lot and the erection of the building.—*Med. & Surg. Rep.*

Original Communications.

THE INHALATION OF NITROUS OXIDE GAS

IN SEVERE CASES OF FEVER.

By GEO. G. SHUMARD, M.D.,

SURGEON U.S.V., MEDICAL DIRECTOR, DANVILLE DISTRICT, KY.

I HAVE frequently had occasion, in the course of my medical practice, to observe the apparent great want of oxygen in the blood drawn from patients laboring under different forms of autumnal disease. Impressed with the belief that this deficiency was not merely apparent but real, and that blood thus unfavorably constituted, if not the cause of disease, could not otherwise than exercise a very prejudicial influence upon the system, I, several years ago, instituted a series of careful comparisons between healthy blood, and that drawn from patients laboring under different forms of autumnal disease; and succeeded in fully satisfying myself that such a deficiency really did exist, and that there was an excess of carbonic acid in the blood of all the cases examined. It therefore occurred to me, that if oxygen gas could by any means be artificially supplied to the circulation, it might afford a valuable remedy in the treatment of autumnal and various other forms of disease. It also occurred to me, that the best channel for administering the remedy would be that which Nature has herself established for the reception of oxygen—the lungs. I therefore resolved to try the experiment as soon as a favorable opportunity presented itself. In 1857, I was called to see a case of severe congestive chill, in which the patient, a man about thirty years of age, was cold and nearly pulseless. Active stimulants and other remedies usually employed in such cases, were freely resorted to. A small quantity of nitrous oxide gas was also prepared and administered to the patient by inhalation. Shortly afterwards the pulse increased in volume, and in about an hour from the time of the inhalation, the extremities became warm, and the patient recovered from his chill. As other remedies were here employed besides the gas, and may have exercised an important influence in relieving the patient, I concluded to await the result of other experiments before publishing the case.

Shortly after this, my duties called me to another portion of the United States, and I had no further opportunities for repeating the experiment until the 22d day of the present month.

Last summer, while acting as Medical Director at Huntsville, Alabama, I repeatedly urged the employment of the gas in the treatment of disease. The different medical officers stationed at that post were favorably impressed with the idea that it might be made a useful remedy; but from some cause or other the gas was not administered. I also requested Dr. Newman, a highly accomplished private physician, of Huntsville, to employ the remedy in such cases as he might deem favorable for its use. A number of physicians in Cincinnati were also urged, a year ago, to administer the gas in cases of disease.

On the 22d inst., a case of typhoid fever (Case No. 1) of a hopeless character was reported, from Danville General Hospital, No. 3.

As the patient was apparently dying, and could not therefore be in any way injured by the experiment, I resolved to try the effects of the gas. Asst.-Surgeon Devendorf was accordingly directed to administer it to him immediately, which he did in the presence of Asst.-Surgeons Semlere, Achele, and Simpson.

The results were so striking in character, as to impress every one present favorably with the remedy. I may here remark, that two of the medical officers present, who were at first decidedly sceptical upon the subject, upon witnessing the result of the first experiment, immediately changed their opinion and became enthusiastically in favor of the

remedy. As soon as the favorable results of the gas began to exhibit themselves in Case No. 1, Asst.-Surgeons Semlere, Achele, Devendorf, Simpson, and Avery, were directed to visit the different hospitals in Danville, and after having carefully examined the worst cases of disease in each, to select such for experiments as were considered entirely hopeless.

They accordingly reported to me, Cases Nos. 2, 3, 4, 5, 6, and 7, to all of which the gas was immediately administered.

Without attempting an analysis of these cases, I will merely remark, that all the patients to whom the remedy was administered were pronounced hopeless by their attending physicians, and that their judgment in the matter was fully confirmed by that of the committee appointed to examine the cases, before the gas was inhaled; that a striking improvement was observed in every case after the gas was administered; that under its influence warmth slowly returned to the extremities, after the most powerful diffusible stimulants that could be given, had failed to produce that result; that the pulse increased in volume, and became much more natural to the touch; that the delirium which had in several of the cases existed for weeks previously, entirely subsided; that the involuntary discharges from the bowels in all but one case ceased; that several of the cases, after lying for many hours delirious or insensible, became rational and conversed with those around them; that the countenance assumed a much more natural expression; that the livid spots upon the chest and abdomen of two of the cases, changed to a light rose color, and commenced disappearing; that the patients all expressed themselves as feeling much better; that the effects of the gas were not merely temporary, but permanent; that in the four cases that have died, life was apparently prolonged many hours by the remedy; and that three out of the seven supposed fatal cases are still living, and may yet recover.

I propose to continue the experiments, and shall hereafter not confine them alone to cases that are considered hopeless.

Although it has thus far been tried in only eight cases, the results are sufficient to prove that we have in oxygen gas a remedy of surprising power, and one that bids fair to be of great service hereafter in the treatment of almost every variety of disease.

The gas was administered to all the cases in the form of nitrous oxide, which was made in the usual manner from nitrate of ammonia, by Prof. Brikford of Danville, Kentucky, and Assis. Surgeon Semlere, U. S. V. For want of better apparatus it was administered to the patients from beef bladders, which answered the purpose moderately well.

Although oxygen was employed in these cases in the form of nitrous oxide gas, I would not propose to use it so, in all cases. In cholera, and severe cases of congestive chill, I am persuaded that oxygen gas, in its pure form, or slightly diluted with atmospheric air, would be better; nor would I hesitate to give it in any form of disease in which the vital powers are depressed, since the cases recorded show that it relieves delirium and irritation, instead of producing it.

* * * * *

Case I.—J. B., age about 35 years. Has been laboring under typhoid fever with its usual symptoms, for about three weeks. When examined on the 22d inst., his condition was as follows:

Patient lying upon his back, jaw depressed, eyes sunken, pupils elevated, breathing laborious, patient delirious, extremities cold, clammy, and nearly insensible to the touch; surface of chest and abdomen thickly marked with irregular shaped, dark colored spots, varying in size from that of half a dime to that of a twenty-five cent piece (petechiae), pulse 64 per minute, small and hardly perceptible at the wrist; involuntary discharges from the bowels, teeth covered with dark sordes, tongue dry, fissured, and dark colored.

The case was pronounced hopeless, and the medical officers present were unanimous in the opinion that he could not survive longer than a few hours. Under these circumstances nitrous oxide gas was administered to him by inhalation at nine o'clock p. m. The following were the results:

First minute while breathing it, the pulse remained at 64 per minute, but a slight increase in volume was perceptible: second minute reduced to 44 per minute, volume about the same: third minute pulse 88, volume perceptibly increased; fourth minute 90, volume about the same; fifth minute 98, no change in volume; sixth minute 92, seventh and eighth minutes 90, ninth minute 84 and fuller, tenth minute 90, volume about the same, eleventh and twelfth minutes 88, full and strong, thirteenth minute 92, fourteenth, fifteenth, and sixteenth minutes 88, volume about the same: seventeenth minute 94, and full, eighteenth minute 96, nineteenth minute 98, twentieth and twenty-first minutes 96, fullness about the same. The gas was now discontinued.

At the end of the first half hour after its discontinuance the pulse was 80 per minute and full; end of the second half hour, pulse the same; end of third half hour, pulse the same, and extremities becoming warm; end of fourth half hour, condition of patient about the same; end of fifth half hour, pulse the same, extremities becoming warmer; end of sixth half hour, pulse about the same; end of seventh half hour, patient warm and rational, pulse about the same: has taken some nourishment, in the form of concentrated essence of beef; says he feels better.

At the end of four hours, the gas was again administered, the pulse remained at about 80 per minute and full, while the extremities continued warm and the patient rational.

Seven hours after the second inhalation, the pulse became weaker, and increased in frequency. The supply of gas being now exhausted, and not having the proper materials at hand for manufacturing it, we were prevented from giving it a third time, and the patient died thirty-two hours after the gas was first administered.

Nine hours after the gas was first inhaled by the patient, the petechial spots upon the surface of his chest were observed to undergo a marked change in color, becoming much lighter colored, while some of them disappeared entirely. Several of the spots upon the surface of the abdomen also became much lighter colored.

Autopsy, eleven hours after death.—Surface of chest marked with light rose colored spots; spots also upon the abdomen, but much darker in color. *Thorax.*—Pleura healthy, heart usual size, and texture firm, left ventricle empty, right ventricle filled with thin blood, posterior portion of lower lobe of right lung hepatized.

Abdomen.—Liver healthy in appearance, gall bladder distended with healthy looking bile, pancreatic gland somewhat congested, mesenteric glands indurated and dark colored, mucous surface of cæcum congested; several of the glands of Peyer ulcerated. The color of the blood in the veins of the abdomen varied greatly; in some it was dark, and in others much lighter colored.

(To be Continued.)

GUNSHOT WOUND OF THE HEAD.

TETANUS FOLLOWED BY DEATH.

By DE WITT C. PETERS, M.D.

ASST.-SURGEON U.S.A., IN CHARGE OF U.S. GENERAL HOSPITAL, STEVART'S MANSION, BALTIMORE, MD.

PRIVATE CHRISTIAN KRALD, of Company K., 130th Pa. Vol., entered this hospital, December 20th, 1862, having been transferred from one of the General Hospitals at Washington, D.C.

The patient was struck at the assault on the rebel works at Fredericksburg, Dec. 13th, 1862, by a musket ball, which caused a slight wound of the scalp, over the protuberance of the right parietal bone. He states that the concussion was but slight, not even knocking him down, or causing any

disturbance of his mental faculties. The hæmorrhage, however, was excessive, and was not arrested for five hours. He walked to the rear, but was not "dressed" till other more desperate cases had received attention. On admission into this hospital, the wound looked healthy, and was discharging normal colored pus. The examining surgeon passed his finger into the wound, but could find no fracture; the bone was denuded of its periosteum, and gave evidence of having been reached, when the ball glanced; the patient did not complain of pain in the head. The wound was dressed with simple dressing; a mild cathartic was given, as his bowels were confined; and he was directed to keep quiet in his ward.

Dec. 24th.—The patient complains of sharp pain in his head; pupils natural; pulse ranging between 80 and 90. He calls attention to some stiffness about the muscles of the neck. Slight loss of motion on the left side, though no loss of sensation could be detected on examination. Nausea and vomiting are present. The temperature of the skin is natural, the tongue is coated with a white fur, the mind is clear.

Hydr. sub-mur. and opium were ordered to be administered every four hours in divided doses, the compound cups to be applied to the nape of the neck, and the dressing of the wound to be continued.

Jan. 1, 1863.—The patient is annoyed by a persistent hiccup, which was relieved by small doses of chloroform and camphor water. Towards evening his symptoms underwent a marked change, by taking on the form of general tetanus; trismus was apparent; opisthotonos and convulsive action of all the voluntary muscles were diagnostic of the alteration in his condition. The wound became extremely sensitive, while the scalp around it was considerably puffed, indicating a burrowing of the pus. At this time the pain in the head was described as being intolerable; and during the intervals of the spasmodic throes, he was obliged to give vent to his feelings by screams and groans. The spasms lasted about five minutes, and during their continuance it required the strength of three attendants to guard the man against self-injury.

A free crucial incision of the scalp was made through the injured parts, and the fresh wounds were allowed to bleed for some time unchecked, when the hæmorrhage was arrested by ordinary means. The incisions and bleeding gave almost instantaneous relief. The pain in the head abated, and the spasms did not recur until the following morning. At the time of laying the wound freely open, as stated above, the spasms occurred regularly every hour. The patient experienced so much relief from the incisions, that he fell asleep, and remained so most of the night. An exploration of the parts could detect no fracture, yet the parietal bone felt somewhat roughened, and was evidently beginning to exfoliate.

Jan 2d.—The spasmodic symptoms returned this morning with increased severity, and continued every hour during the day. At a consultation which was called, the propriety of the operation of trephining was discussed, the surgeon believing that either pus was present under the membranes of the brain, or a spicula from the inner table of the skull might be projecting into the brain, and causing these symptoms; but it was decided that the operation was inadmissible, the patient being very much prostrated, and the operation being speculative at best. Careful attention was given to the bladder, and at stated times his urine was drawn off by a catheter, as it had been retained. All dressings were removed from the wound, and poultices were ordered in their stead. The hydr. sub-mur. was now omitted, and solid opium was administered freely in hopes of bringing him under its influence, but without effect.

Jan. 3d.—There is no change in the symptoms, and the patient is rapidly failing. The opium was discontinued, and cannabis indica, in full and regular doses, was substituted, with some relief to the severity of the spasms, but none to their frequency. A curious feature of the case is,

that the spasm is more severe in the left lower extremity than in any other portion of the body, and generally commences there. The poultices to the wound were continued, they still look healthy, and the mind is clear.

Jan. 4th.—The patient quietly died at nine o'clock A.M. without a convulsive motion, seeming to be entirely exhausted.

The *post-mortem* was made twenty-four hours after death. The appearance of the body was that of a person who had expired after much suffering. The scalp was laid open from ear to ear, and both parietal bones were completely exposed. At the right parietal protuberance, the bone was discolored, where the ball had struck and glanced; but there was no indentation, neither could any external signs of fracture be discovered. The "skull cap" was next removed in the usual manner, and the brain was exposed. Under the seat of the injury and beneath the *dura mater*, a film of pus was seen spread out, covering a space about one inch in diameter. The *dura mater* at this place seemed bruised, and discolored by blood; and it was argued, that it had been damaged by the force of the blow and the springing of the bone, which, by the way, was everywhere of natural thickness. The inner table of the bone had not been damaged in the least degree. The amount of pus was so small, that it could not have caused any compression of the brain, and its quantity was estimated at about one-half of a drachm. The substance of the brain at the seat of injury was not found to be perceptibly softened or diseased. The meningeal vessels were not unusually congested. The brain was carefully removed and minutely examined; but, other than the above, there was nothing abnormal discovered, save a small quantity of bloody serum in the lateral ventricles.

Remarks.—The peculiar features of the case to my mind are; first, the rarity of the occurrence of true tetanus following wounds and other injuries of the head; second, whether or not the tetanus was excited by the injury which the *dura mater* received, and which the examination revealed. In my opinion, trephining would have availed nothing; and in this belief I was sustained by my colleagues.

It is due to Acting Assistant-Surgeon F. F. Murdoch, of Baltimore, Md., to state that the patient was directly under his charge, and with his usual skill and assiduity he gave the sufferer every attention, and kept accurate notes of the case.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Sept. 24, 1882.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

CHRONIC PERICARDITIS WITH GREAT DISTENSION OF PERICARDIUM.

DR. AUSTIN FLINT presented a specimen of chronic pericarditis, which was interesting in consequence of a marked lenticular or honeycombed appearance of the false membrane. The patient was a female, 27 years of age, whom he found in his service at Bellevue Hospital which commenced on the first of last August. She had been in the hospital since January last, and had suffered for six years from attacks of asthma. Last spring she had an attack of rheumatism lasting three weeks; and since last December she has been confined to her bed. She was exceedingly anæmic, much prostrated, and with such an amount of anasarca as to be obliged to keep the sitting posture nearly the whole of the time. She also suffered a good deal from dyspnoea. On examination of the chest, there were evidences found of a distended pericardial sac, viz. increase of precordial dulness. There was pretty loud friction sound heard over all that portion which was the seat of dulness;

and in addition, there was a soft endocardial murmur heard with the first sound in the region of the left nipple. The urine was loaded with albumen. The patient remained under observation two or three weeks without any material alteration in her condition. Dr. F. was disposed to see if he could not alter her condition by lessening the amount of effusion in the pericardial sac, and accordingly prescribed elaterium in one-quarter grain doses, repeated at sufficient intervals not to produce hypercatharsis. Though the remedy had not acted violently, he was disposed to think that it had hastened the fatal result. She sank and died two or three days after. After death, the pericardial sac was found much distended, containing about twenty or thirty ounces of turbid serum mixed with flocculi of lymph. The lung was somewhat emphysematous. The kidneys were reduced in volume and weight. It was exceedingly questionable whether pericarditis occurred in connexion with the rheumatism last spring or the disease of the kidney.

PUNCTURE OF PERICARDIAL SAC IN SUBACUTE PERICARDITIS.

In answer to a question from Dr. Sayre as to the practicability of puncturing the pericardial sac, he stated that there were a few instances on record where such an operation had been resorted to. His belief was, that in this instance puncture would have been preferable to the indirect means which were adopted. He had never seen the operation performed but with the small double suction pump; he thought it would be safe.

DR. KRACKOWIZER knew of a case upon which such an operation was performed by Prof. Schon, of Vienna. When the trocar was inserted there was no flow of liquid; but after the instrument was plunged one intercostal space deeper a large quantity of serum escaped, and the immediate relief was very great. The patient recovered very completely, so as to live a few months afterwards. She, however, never left the hospital, but died from cancerous disease of the mediastinum. It was into this cancerous mass that the trocar was first plunged. He knew of another similar operation performed by Dr. Haeger of the same city, but had not heard of its ultimate result.

OLD FRACTURE OF TIBIA AND FIBULA.

DR. SANDS presented a specimen of the bones of the leg, for which he was indebted to Dr. Jennings, of Nova Scotia. The patient, aged fifteen years, was seen by Dr. Jennings about a year ago; when about four years of age he received an injury of the left leg, resulting in fracture of both bones at the junction of the middle and lower thirds. No surgical treatment was obtained for it, and it was only when ulcerations appeared over certain projecting points that any advice was sought for. On examination of the parts a very striking deformity presented itself. The lower fragments had been tilted backwards, so to present a very considerable angle to the parts above. Over the projecting points in front there was not only ulceration of the soft parts, but at one spot the periosteum was destroyed, exposing carious bone underneath. The foot was bent very strongly on the lower fragment, and the whole of that portion of the limb had withered, the left foot being only half the size of its fellow. It was at first thought by Dr. Jennings, in consequence of the mobility that existed, that the case was one of ununited fracture, but an operation for its cure was considered impracticable, for the reasons that the soft parts over the projecting points were ulcerated, and that the boy was in a feeble and cachectic state. Amputation was therefore decided upon, and the patient recovered from the operation. On examination of the limb afterwards, bony union was found to have taken place in rather a singular manner. The two broken bones were not united to each other by their extremities, but both of the two upper fragments were joined to the upper portions of the sides of the lower fragment. The lower portion of the fibula formed almost a perfect right angle with its upper portion, while the tibia thus united presented an angle of about 120

degrees. At the point of union the bone was very compact, all the cancellous structure having disappeared. There was no evidence of any callus surrounding the edges of the fragment. The union of parts in such a remarkable position was accounted for by the readiness with which broken bones unite in young subjects.

DR. FINNELL stated, that some years ago he presented a fracture of the lower extremity of leg, near the ankle joint, which occurred to the patient when she was seven or eight years of age. The limb was left to itself for a long time, and as a consequence the muscles of the leg contracted, drawing up the foot and lower fragments almost at a right angle with the parts above. The bones of the foot were so atrophied, that by holding them up to the light they could be seen through.

DR. FINNELL related the following history of a post-mortem examination which he had made in order to get the opinion of the Society upon it as to the cause of death.

The patient was a gentleman, forty years of age, who had been subjected to a great deal of mental anxiety. About a week before his death, not feeling well, complaining of a feeling of oppression about his chest, he stayed home from business. His physician found nothing wrong about him but a quick and feeble pulse, it being about 120 per minute. No diagnosis was made. Dr. Drake was then called in, who was likewise unable to come to any conclusion as to the nature of the disease. The patient kept to his bed, refused to take food, and complained of an occasional pain about the heart. He would have very little fever, but in the evening would perspire considerably. He gradually became more and more feeble, and died at the end of the week. On post-mortem examination nothing abnormal was found save an intense redness of the lining membrane of the left auricle and ventricle extending about an inch and a half into the aorta. The endocardium of the right side of the heart was slightly reddened. Dr. F. was disposed to look upon the case as one of acute endocarditis, terminating in death without effusion of membrane.

DR. FLINT thought that the redness was due to post-mortem staining. He could not understand why we should have endocarditis without effusion of lymph.

DR. KRACKOWIZER remarked that if it were a case of arteritis the redness would not be so reliable as the thickening of the walls of the vessel.

BLIGHTED OVUM.

DR. CONNOLLY presented a growth which was expelled from the uterus of a married woman aged twenty-eight years. Three years ago she gave birth to a healthy living child at the full term of pregnancy. Since that time she has had three miscarriages, the last one of which took place about twelve months ago, and was attended with considerable hæmorrhage, which very materially impaired her health for the time being. About the middle of February last her catamenia ceased, and she believed herself to be again pregnant. When the period of quickening arrived she was somewhat at a loss to account for the absence of the usual train of symptoms which manifest themselves at that stage of gestation. Her health continued to improve, her appetite was better than usual, and she daily increased in flesh. In the fourth of the present month she was seized with very severe expulsive labor pains, which were attended with a slight discharge of blood. I was sent for, and on my arrival I found this mass lying loose in the vagina, which I at once removed. The pains had entirely ceased, and the woman was quite comfortable. The hæmorrhage was very moderate in quantity. I found the uterus firmly contracted, and the *os tincae* closed so as not to admit the introduction of the index finger. The tumor is ovoidal in shape—one end being a little larger than the other—of moderate consistency, and was, when first seen, about the size of a large goose-egg.

Its external aspect is somewhat rough and uneven, especially towards its larger end—looking very much

like the shaggy chorion. Its internal surface presents a reticulated or honeycombed appearance; the interstices, before its immersion in alcohol, being filled up with numerous semi-transparent sacs, containing a glairy gelatinous fluid. These little vesicular bodies varied in size from that of a millet seed to a large walnut.

Here and there might be noticed, while the specimen was fresh, small clots of extravasated blood throughout the whole substance of the mass.

I am disposed to look upon the growth as the result of a blighted ovum, although no trace of a foetus was found. The specimen is interesting, inasmuch as it appears to be a combination of what is spoken of as the carneous and hydatiginous degeneration of the ovum.

The patient has had no untoward symptom—neither pain nor hæmorrhage of any account since the expulsion of the mass.

The Society then adjourned.

FOREIGN CORRESPONDENCE.

LETTER XXI.

By PROF. CHARLES A. LEE.

MINERAL WATERS OF SWITZERLAND.

Baden, Switzerland, Sept. 13, 1862.

I DATE the present letter from *Baden* in Switzerland, which, next to the Baths of Schintznach, near Aarau, is perhaps the most frequented watering-place in the Confederation. Both places are on the direct route from Zurich to Basle by railway. As I have made it a point while travelling in this country, to visit its principal mineral springs, and to examine to some extent their medicinal properties, I shall very briefly speak of some of the most important. Baden is an ancient walled town of 1800 inhabitants situated on the borders of the river Limmat, which empties the waters of the Lake of Zurich into the Rhine. It was called *Therma Helvetica* by the Romans, who frequented it on account of its mineral waters. The town is built chiefly on the left bank, where the *Great Baths*, so called, are situated, which are frequented by the upper classes; while those on the opposite side are appropriated to the poorer orders. There are numerous thermal springs here, issuing from the earth on both sides of the stream; having a temperature of 122° Fah., limpid, colorless, and sparkling with bubbles of gas; having a slightly saline, sweetish, and sulphurous or hepatic taste. As it issues from the earth it has a strong sulphuretted hydrogen, or rotten egg smell, which, however, speedily disappears on coming in contact with the air. I noticed all the sides and coverings of the basins, which receive the water, were covered with sublimed and crystallized sulphur. It is impossible to ascertain the quantity of gas in a given bulk of water, as it immediately escapes into the atmosphere. I counted about twenty hotels, some of them very large, and nearly all had baths on the basement floor, for the accommodation of their boarders. The bathing rooms were generally small and plainly fitted up; some, however, especially those for the poorer classes, were sufficiently capacious to allow fifteen or twenty bathers at the same time! Among the wealthy visitors as a general rule, each has his own bath for the time he remains; but I was much pleased to find both at Baden and Schintznach, the great attention paid to the wants of the poor. At the former there are four large boarding-houses expressly for the poor, and they are thus supplied with both baths and beds, as well as the best of medical attendance, free of all expense. There are also funds provided at both places to pay for their board, and a collection is taken up every Sunday at the *table d'hôte* of the hotels for this express purpose. Only one franc and a half is charged for their maintenance per day.

There are from eight to ten thousand persons who visit these springs annually, chiefly Swiss, Germans, and French. I saw no English. The waters are used both internally

and externally; indeed, the baths form a very essential part of the treatment. They are also used in the form of douche and vapor-baths, and drunk very freely. Thus employed, we are informed that symptoms of saturation of the system are soon developed, which requires evacuates and a spare diet. Cupping, with scarification, is here a favorite remedy. The operation is performed by means of horn-cups, which are exhausted of air by the mouth; and the operators are by no means expert. These waters are held in high esteem in the treatment of palsy, both of sense and motion, and as an alterant in gout, and internal organic derangement, as visceral and glandular engorgements. For cutaneous affections the waters of Schintznach are preferred, as they contain a much larger amount of sulphur. A miliary eruption is very apt to be produced by the use of these waters, which is followed by great amelioration of the disease. The place has no attractions whatever, as I observed, except a pleasant walk among trees along the bank of the river, and the old Hotel de Ville, where Prince Eugene and Marshal Villars signed in 1714 the treaty of peace which put an end to the War of Succession.

The Baths of Schintznach, also called *Habsburger Ball*, is the most frequented watering-place in Switzerland, as already stated. The principal buildings are the Bath House in a semicircular form, and the *Great Inn* (*Grosser-Gasthof*), whose *table d'hôte salon* is one hundred and eighty feet long, and five hundred persons may be seen seated here at once. There are three hundred and sixty beds, and one hundred and sixty baths, all exactly alike, lined with Dutch tiles. The temperature of the water is 90° Fah., and tastes strongly of sulphur, epsom, and glauber salts. The principal visitors are French and Swiss, some Germans, few if any English. The *table d'hôte* is three francs per day. On exposure to the air the water assumes a greenish tint, and is covered with a thin pellicle of sulphate and carbonate of lime. It contains more sulphur than any of the other Swiss mineral springs, or those of Savoy and Rhenish Germany. I found the Baden mineral water of exactly the proper temperature for a pleasant bath, but this requires the addition of water artificially heated to make it agreeable. Bathing is more relied on here than the internal use of the water. They commence by remaining in the bath from five to twenty minutes, gradually increasing the duration according to the indications. The first effects are quickening of the pulse and the respiratory movements, with reddening of the surface, which increases constantly while in the water. During the first few days, this disappears on exposure to the air; but after a while there is a fine red eruption over the whole skin; or rather at least patches of a rose color distinctly circumscribed, which soon assume a deep scarlet hue. These generally enlarge, until the whole body, except the hands and face, becomes of a uniform red color. The skin, at this stage, is shining and painful; but by degrees, the rash grows pale, the epidermis scales off, and the skin assumes its former appearance. These effects are doubtless owing to the irritant effects of the sulphur and the other mineral agents contained in the water, for no such effects follow their internal use. They are found highly efficacious in cutaneous disorders, rheumatism, and gout, but are best adapted to chronic dartrous and squamous affections, without any inflammatory complications. They are also recommended for scrofulous diseases, caries and necrosis, mercurial and syphilitic affections. Dr. Amsler, the resident physician, is a highly intelligent gentleman, and directs their application with great skill. The douche bath here is much relied on, as it is also at Baden, but the bathing rooms are so filled with sulphurous exhalations that they often give rise to slight ophthalmia. In the neighborhood of Schintznach, at Wildegq, a mineral water is obtained from an artesian well, of a saline bitter taste, containing small quantities of iodine and bromine, and which is used internally, while the former are used externally, chiefly in scrofula. From two to three glasses are drunk in the morning. There is also at Birmenstorf, near Baden, a cold, purgative mineral

water, containing sulphate of magnesia, of soda and lime, which is used a good deal in Switzerland, as a laxative and alterative. I believe it is never sent out of the country.

The most remarkable watering-place in Switzerland, however, is at Ragatz, or rather the *old baths of Pfeffers*, on the railway leading from Rorschach to Coire. The bathing establishment at Ragatz is supplied with water from the hot springs of Pfeffers, conveyed in wooden pipes, 12,500 feet in length. The house is very large, not well kept, and generally overcrowded and dirty. The village, which contains about six hundred inhabitants, is situated just at the mouth of the gorge, from which the torrent Jamina issues, to join the Rhine. This new establishment at Ragatz has now supplanted the *old baths of Pfeffers*, which were situated in the above gorge, deeply sunk between the rocks, and almost subterranean. For a long time there was no way to get at the source except to be let down by ropes from the cliffs above, where the bathers passed days together, not only eating and drinking, but sleeping under hot water instead of under blankets. The temperature of the water is 98° Fah., and it contains only three grains of saline matter to the pint. The patients were, and still continue to be, almost exclusively of the lower order. Tourists, it is true, often stop here to see what is considered one of the most extraordinary spots in Switzerland; but I would as soon think of spending my days at the bottom of a deep well, as at these baths. Nothing can be more gloomy and monotonous; no room for locomotion or exercise; the sun and sky rarely if ever to be seen; the bare walls of earth dripping with water, and the air always damp and chilly from the constant currents and draughts produced by the torrent. The walls of this gorge actually approach so near as to conceal the river, and to reach the springs one has to pass through the bath-house, and thence by a bridge of planks, across the stream to the entrance, which is closed by a door. Along this gorge is a sort of shelf or scaffolding, suspended by iron stanchions, and running along a niche cut out of the side rock, which penetrates as far as the hot spring, and is the only possible way to get to it. There is a hand-rail along this frail platform, so that there is little or no danger. Only one franc is charged for permission to penetrate the infernal regions at this spot. Let those who are frightened by a dark passage beneath overhanging rocks, where the sun's rays never penetrate, where the ear is stunned by the noise of the rushing, roaring torrent, never enter this passage; which both Virgil and Dante, had they seen it, would doubtless have selected, through which to conduct their heroes to hell. After walking about a quarter of a mile along the shelf of planks, we come to the springs at the bottom of a deep cavern in the rocks, where the water is received into a reservoir about fifteen feet deep, whence it is conducted in pipes to the baths. Here were the baths formerly, right over the spring, suspended to the base of the rock, to which through the roofs the patients were let down by ropes and pulleys! *Facilis descensus Avernus, sed revocare gradum, hic labor hoc opus est*. It is a remarkable fact that the springs cease to flow in winter, but burst forth again in the spring, and they are said to be most copious when the snow has fallen in great abundance. The water has no taste or smell, and contains about as much mineral matter as our Croton.

M. PASTEUR, so well known for his works on molecular chemistry, and for his recent experiments concerning spontaneous generation, has been elected by the Academy of Sciences a member of the Mineralogical Section. His opponents were MM. Descloizeaux and Delesse.—*Brit. Med. Jour.*

M. BOUCHAR tells us that he has studied meningitis by the aid of the ophthalmoscope. He discovered congestions and venous dilatations, varicosity and flexuosity of veins, thrombosis of veins and hæmorrhages in the retina from rupture of vessels.

American Medical Times.

SATURDAY, JANUARY 17, 1863.

OUTSIDE INTERFERENCE IN HOSPITAL MANAGEMENT.

We alluded last week to a newspaper correspondence in regard to the treatment of sick soldiers in Bellevue Hospital. Charges of mal-practice against one of the surgeons were freely made, and the general mal-treatment of patients was emphatically asserted. A patient was found in a neighboring hospital, formerly an inmate of Bellevue, who was willing to subscribe to these charges, and forthwith the newspapers of the city gave them publicity and currency. The result has been, that the Commissioners of Public Charities have directed all the sick soldiers to be removed from the hospital. This action was taken, not because they had the slightest confidence in these statements, but because the interests of this great public charity were imperilled by the indiscreet interference of individuals and the representatives of benevolent societies with the discipline of the hospital. Things had come to such a pass that any attempt to control the insubordinate was in a great measure thwarted by the undisguised sympathy with the offender of the Howards and Dorcases who visited the wards. Soldiers returning to the hospital, intoxicated, turbulent, and dangerous if allowed at large, could not be placed temporarily in solitary confinement, without calling down upon the authorities the severest censures of these kind-hearted, self-constituted guardians of the "brave defenders of our country." The insubordinate were the objects of their special solicitude; they brought them the greatest variety of "extras," and cheered them with the choicest stimulants. Not content with these demonstrations, which had long since almost completely destroyed all discipline, they have finally resorted to the public press. The Commissioners, long weary with the continued disturbance which has been created in the management of the hospital by this outside interference, have now wisely resolved to remove the cause, by removing the patients. On leaving, the soldiers drew up a paper, of which the following is an extract:—

"We assert that a great injustice has been done us, inasmuch as the gross misrepresentations * * * have induced the Commissioners to rid the institution of soldiers altogether, thus depriving us of clean, comfortable quarters, and as good treatment, generally speaking, as we could possibly expect.

"Had the visitor been sincere in his (or her) professed sympathy with us, he might at least have visited the institution, inquired into our situation, spoken with us, and seen for himself. On the contrary, he tells the public that 'he has never been inside of the institution, and devoutly hopes never to be,' thus manifesting his total ignorance of things he professes to have a knowledge of, and betraying his (or her) disregard of us and our interests.

"The public will know, then, that the writer who has so arrogantly taken the liberty of using the expressive signature of 'Howard' has our individual and utmost indignation for what he (or she) has undertaken at our expense, while, in the meantime, we must cordially, one and all, tender our heartiest thanks and manifestations of esteem to all concerned with the institution, in appreciation of the

good and kind treatment we have received at their hands. In testimony whereof we hereunto place our signatures."

Bellevue is by no means a solitary example of a hospital containing soldiers so disturbed by outside interference as to have its discipline weakened, and the general efficiency of its management seriously impaired. Wherever military hospitals have been easily accessible to the people, and especially to the female portion, they have not been exempt from the annoyance of the most indiscreet advice, and often impertinent intermeddling. Unfamiliar with hospital discipline, and especially with military subordination, the sympathizing visitors have not scrupled to express openly their condemnation of the necessary restraint imposed. But this is not the limit of the evil. Too often visitors are bold to interfere with the dietary of the hospital; they visit the wards with baskets of fruits and pastry, and, quite regardless of the nature of the disease, they distribute with liberal hands their indigestible stores. If the surgeon advise that they deposit their gifts in the store-room and leave them subject to his orders, they are offended, and protest against such interference with their charities. Baffled in the personal dispensation of their favors, they either withdraw their support from the hospital altogether, or, what is more probable and more to be deplored, relieve their indignation by newspaper attacks upon the medical officers.

We must not be understood, in these remarks, as opposing or treating lightly the contributions of the people to the wants of the sick soldier. On the contrary, we regard this collateral aid as most invaluable, and as supplemental to the supplies of Government. The brightest feature in this deplorable war will be the spontaneous and ever flowing charities of the people. But we deprecate the employment of agents who lack discretion, and who officiously interfere in matters of which they have no knowledge, to the great detriment of the soldier's best interests. In what contrast to the conduct of these busybodies appear the unobtrusive but effective labors in the hospitals of those noble and self-sacrificing philanthropists, CLEMENT BARCLAY and MRS. HARRIS! Under the guidance of the surgeon, and subordinate to his direction, they noiselessly dispense their benefactions where most needed, and every footstep chronicles a good deed—a favor well bestowed. Our military hospitals cannot be too frequently visited by such almoners of public charity.

THE WEEK.

In his annual message Gov. SEYMOUR recommends the appointment of a Commissioner of Lunacy:

"I recommend the enactment of a law authorizing the appointment of a member of the medical profession as a Commissioner of Lunacy, whose duty it shall be to examine into the condition of the insane now confined in the almshouses, poor-houses, jails, and private lunatic asylums. The subject has been strongly urged upon the attention of previous Legislatures by the medical profession, and I am sure the humanity and propriety of the proposition is too manifest to receive any other than your favorable action."

We hope the present legislature will enact the law recommended without delay. It is simply a question of justice and humanity, and no enlightened legislator can doubt what is his duty. We have believed, and can see no reasons to change the opinion, that the Commission should consist of at least three members. No one person can discharge the responsible duties of this office.

In his annual report the Surgeon-General recommended the establishment of an institution for disabled soldiers, and accordingly a resolution has been offered in the Senate,—

"That the Committee on Military Affairs consider the expediency of providing a suitable location, and establishing a Soldiers' Home for destitute and disabled soldiers who may have been honorably discharged from military service of the United States."

It is an important movement, which is daily becoming more and more obvious. It is stated that an effort will be made to have this *Hôpital des Invalides* located on Staten Island, New York. No more pleasant and salubrious location can be found.

THE Act enlarging the Corps of Medical Inspectors passed

Congress on the 27th of December, and the President promptly made the nominations to the Senate. Among those nominated we notice the names of PROF. F. H. HAMILTON, DR. JOSEPH K. BARNES, A. C. HAMLIN, and PETER PINO.

THE question of the acclimatization of the Cinchona plant in the East, which DR. MACGOWAN, the distinguished medical missionary, noticed last week, is creating considerable attention in foreign medical circles. The gradual diminution in the supply of this invaluable medical agent should excite most serious apprehensions of an ultimate complete failure to meet the wants of mankind. The belief of so experienced a person as DR. M. that this plant may be acclimatized in the West Indies and Mexico should lead to efforts to practically test its truth.

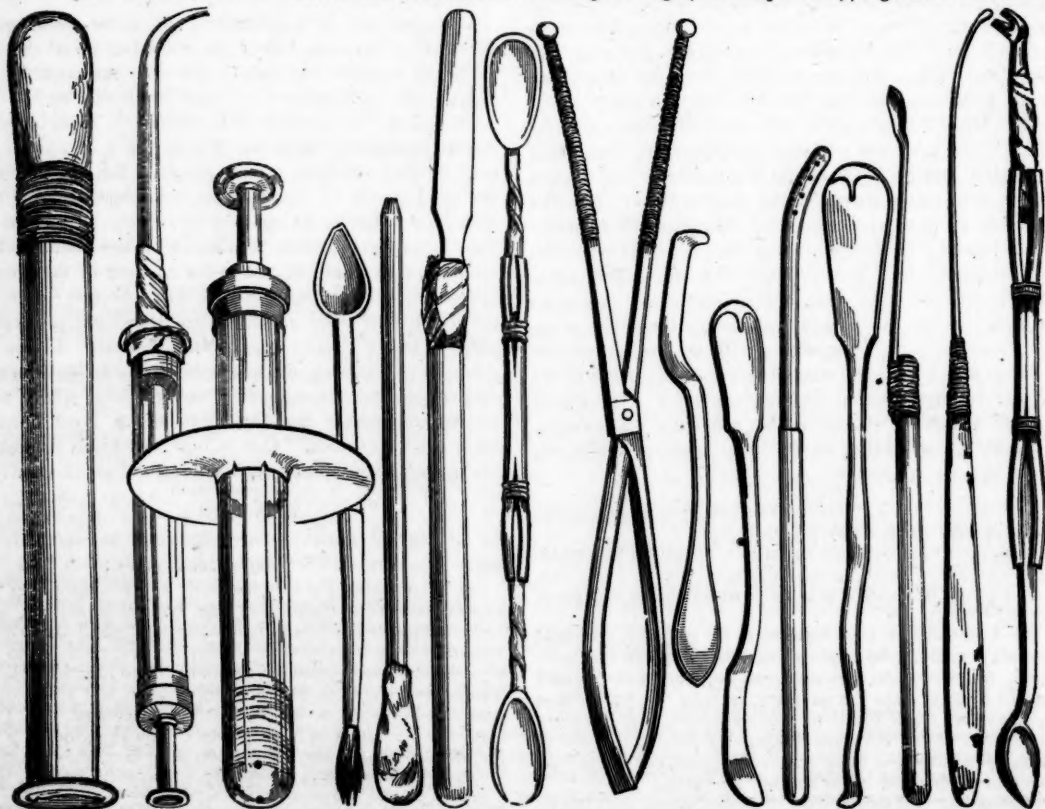
Correspondence.

INSTRUMENTS OF A NOTORIOUS ABORTIONIST.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The following engraving is a correct representation of a number of instruments found at the establishment of a notorious abortionist, named E. M. Browne, No. 82 Eighth Avenue. The complete collection contains forty different articles. The principal ones are here represented. They consist of spoon handles, bent in different directions to suit

the operator; several penholders with wire attached; one tack hammer, with glass rod for a handle; one hair curling tongs, altered to resemble a placenta forceps; two porte crayons, holding mustard spoons; one large glass tube, closed at one end with wax, and covered with cerate, containing cowhage (*mucuna pruriens*); together with catheters,



bougies, etc. On the 27th of October, 1862, an unmarried woman, named Clementina Anderson, then between four and five months pregnant, entered this establishment to have an abortion produced. On the same day she was subjected to two operations by Dr. Browne—one in the morning, and the other in the afternoon. Great pain was caused

on each occasion. On the day following she was delivered. On the 30th inst., puerperal fever made its appearance. On the 31st she had rigors. Nov. 1st, improving. Nov. 6th, able to sit up. Nov. 8th, getting worse. From this time until the 19th inst., she gradually grew weaker, and on the evening of that day she was brought home to her

father's house in a carriage, and died soon after. The autopsy made on the 20th inst., showed that death was caused by uterine phlebitis and pyemia.

Dr. Browne was arrested, and committed to prison to await the action of the grand jury.

T. C. FINNELL, M.D.,
Surgeon to St. Vincent's Hospital.

ELECTRO-MAGNETISM AS A REMEDY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In No. 1, of Vol. 6, I noticed a communication from Dr. M. Gonzales Echeverria upon a case of "Relapsing reflex paraplegia upon the application of the induced electric current to the neck of the womb." To prevent any prejudice being created in the minds of the profession by the apparent ill results following the application of electricity in that case, I would beg to make a few remarks on the subject.

A well constructed electro-medical apparatus would have furnished a current which is capable of "determining contraction of the womb, and stoppage of the oozing hæmorrhage, attributed to its asthenic condition," without any such ill effects as Dr. Echeverria describes. As is very evident to me from the method of application there described, the negative pole of the induced current was applied in the cervix while the positive pole was attached to the pubes. The current thus entered the patient at the pubes, and made its exit at the cervix, showing its contractive power, as it always does, nearest the positive pole at the pubes, and irritating the cervix at the negative pole. It is very probable that irritation equally severe by any other means would have been followed by precisely similar effects. Had the application of the electrodes been the reverse, i.e. the negative to the pubes, the positive to the os, the indications of the case would have been in all probability met. I always prefer the direct current for this purpose, and instead of sending the current from the pubes to the os, I apply it from the os to the sacrum, thus exciting the entire sacral plexus, and passing the current longitudinally through the uterus. The reason why I prefer the direct, or, as the Doctor calls it, the primary current, to the to and fro or induced current of an electro-magnetic apparatus, lies in the fact that the constant change of polarity of the latter current makes it entirely useless excepting as a local stimulant or irritant to the integuments. Very few of the smaller sizes of electro-magnetic apparatus now made, have a direct or primary current of sufficient intensity to answer many medical indications. I hope Dr. Echeverria will consider these few remarks in the light in which they are meant, as kind suggestions from experience to protect a favorite therapeutic agent, but lately recovered from oblivion, against prejudices so apt to arise from wrong impressions.

Yours, etc.,

H. LASSING, M.D.

NEW YORK, January 6, 1863.

Army Medical Intelligence.

INCOMPETENT MEDICAL OFFICERS.

MEDICAL DIRECTOR'S OFFICE,
WASHINGTON, Dec. 6, 1862.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Your editorial remarks in the number of your journal for November 22d, upon the letter of several surgeons of Boston to the Surgeon-General U.S.A., complaining of the incompetency of many medical officers now in the military service, afford me a pretext for inclosing to you some orders of the Medical Director of the Army of the Potomac.

From these it will appear that he will do all that lies in his power to elevate the standard of the Medical Department, and protect the men intrusted to his care from the evils of professional incompetency.

Since the organization of this board the movements of the army have rendered it impracticable for it to perform its functions in the field, hence the order of Dec. 5th.

There are, unquestionably, a number of officers now in this army totally incompetent, whom the action of the board, it is hoped, will remove.

It will remain, then, for those in authority to attract better men, by offering higher inducements.

The rank, pay, and emoluments are not sufficient to attract or retain the best surgical skill in the country, now so urgently needed.

Men of the highest acquirements should here find their sphere; but they cannot, in justice to their families, relinquish honorable and lucrative positions at home for the dangers and hardships of a soldier's life. There are at present in the army many surgeons of distinguished ability, sufficient to fill all the most responsible positions, whom a high sense of duty retains in the service, and who could undoubtedly benefit themselves by returning to the joys and comforts of civil life.

Offer to the military surgeon a position in the army equal to that which his ability and industry would gain in civil life, and all such complaints will cease.

Yours, etc.,

Assist. Surg. U.S.A.

HEADQUARTERS, ARMY OF THE POTOMAC,
CAMP NEAR FALMOUTH, VA., Dec. 18, 1862.

2. A medical board to consist of Surgeon BASIL NORRIS, Assist. Surgeon B. A. CLEMENTS, and Assist. Surgeon W. WEBSTER, U.S.A., will meet at these headquarters on the 26th day of December, for the examination of such medical officers of the U. S. Army as the Medical Director of this Army may direct to appear before it.

By command of Maj. Gen. BURNSIDE.

(Signed)

LEWIS RICHMOND,
Assist. Adj. Gen.

HEADQUARTERS, ARMY OF THE POTOMAC,
CAMP NEAR SHARPSBURG, Oct. 5, 1862.

A Medical Board to consist of Surgeons GEORGE SUCKLEY and PETER PINEO, U. S. Vols., and Assist. Surgeon WM. THOMPSON, U.S.A., will convene for the purpose of examining such medical officers as may be ordered before it by the Medical Director.

This Board will meet at such time and place as the Medical Director may designate.

By command of Maj. Gen. McCLELLAN.

(Signed)

S. WILLIAMS,
Assist. Adj. Gen.

Official.

(Signed)

JNO. LETTERMAN,
Med. Director.

HEADQUARTERS, ARMY OF THE POTOMAC,
MEDICAL DIRECTOR'S OFFICE, Dec. 5, 1862.

To Surgeons GEORGE SUCKLEY and PETER PINEO, U.S.V., and Assist. Surgeon W. THOMPSON, U.S.A., Members Medical Board Examination, Army of the Potomac.

In accordance with the provisions of Special Orders No. 272, dated Headquarters, Army of the Potomac, Oct. 5, 1862, convening a board for the examination of medical officers of this Army, the board will meet in the city of Washington, at 10 o'clock A.M., on the 10th inst., for the examination of such officers as may be directed to appear before it, and whom the Board will examine.

A complete report will be sent to this office, every Monday morning, of the proceedings of the board for the previous week.

Very respectfully your ob't serv't,
(Signed)

JONAS LETTERMAN,
Act. Med. Director.

CAPTURE OF HOLLY SPRINGS.

MEDICAL DIRECTOR'S OFFICE,
HOLLY SPRINGS, MISS., December 23, 1862.

SIR:—I have the honor to report that I remained behind the advance of the army, for the purpose of establishing a large General Hospital at Holly Springs. I took a building that had been built for an armory by the Confederates, consisting of six large rooms each 250 feet long and numerous out-houses, and after two weeks of incessant labor, in which I was greatly assisted by Surgeon Powers of the 7th Missouri Infantry, I had everything prepared for 2000 patients. The acting Medical Purveyor of the southern portion of the department had been ordered to bring all his supplies to this hospital, which he did; and on the morning of the 20th of December one of the most completely furnished and extensive hospitals in the army was just ready to receive its sick. On that morning the town of Holly Springs was taken by the Confederate forces under General Van Dorn. As soon as I discovered the enemy were in possession of the place, I repaired to the headquarters of the Rebel General near town, and made a formal request that the armory hospital should not be burnt, entering an earnest protest on the subject, as the Confederates had already set fire to the R. R. Depot and commissary store-house, and had declared their intention to destroy all houses occupied by our troops. I received the assurance of General Van Dorn's Adjutant that the armory hospital should not be burnt, but that it would be protected by a guard. Satisfied with this, I returned to my quarters, but had not been there an hour when I was informed the building was in flames, and thus this fine structure with 2000 bunks, an immense lot of drugs and surgical apparatus, thousands of blankets, sheets, and bedsacks, was soon in ashes. This proceeding, in violation of an express promise and of all the rules of civilized warfare, is an evidence of the barbarity and want of principle of Confederate officers.

But this is not all. An attempt was also made to destroy the general hospital located on the main square, and which at the time contained over 500 sick. A quantity of ordnance stores had been deposited in a building on the next block to the hospital, and by order of General Van Dorn, as stated by the Confederate officer who had charge of the matter, the barrels of powder and boxes containing shells and cartridges were taken out and piled up nearly in front of the hospital and set fire to. Two medical officers protested against this wanton act, but their requests were treated with contempt, and before there was time to move the sick the walls and windows of the hospital were riddled with flying balls and shells, and finally a terrific explosion took place which shook the entire building, destroying almost every window and door in the establishment, wounding about twenty men, and creating a scene of the wildest confusion. A large number of buildings on the public square took fire from the explosion, and it was only by the utmost efforts that the hospital was preserved as a shelter for the men from the night air.

Together with the medical officers who assisted me in caring for the sick and wounded on that trying day, I thought that the Rebels had now done us all the harm in their power, but to injury, insult was yet to be added in a manner I hope never to witness again. A rebel cavalry officer, named Brewster, who stated he had been detailed by General Van Dorn to "march off every sick man who had not been paroled," collected together, pistol in hand, about 150 sick soldiers, forced them to rise from their beds and fall in line, threatened to shoot the medical officer who expostulated with him, and actually made the poor fellows suffering from typhoid fever, pneumonia, and diarrhoea, start with him on the road. The men fell down in the street and had to rise again for fear of being shot, when they were so weak that the slightest motion was agony. On being importuned if there was anything in the name of humanity that could be done to induce him to cease his brutal proceedings, he finally consented to let them alone on receiving a paper signed by all the surgeons present

stating that the men were too sick to walk, and their removal was an impossibility.

I cannot speak too highly of the conduct of Dr. E. M. Powers, of the 7th Missouri Infantry, after the capture of Holly Springs. The efforts of this able and accomplished officer for the care of the sick were untiring, and from morning till night he was actively engaged in doing anything that lay in his power to preserve hospital property and make the helpless beings who were driven from their beds and shelter as comfortable as circumstances would allow. Dr. Reilly, asst. surgeon of the 45th Illinois Infantry, also rendered great assistance by his well directed and efficient endeavors.

HORACE R. WIRTZ,
Surgeon U. S. Army,

Med. Director 13th Army Corps.

*LT. COL. JOHN A. RAWLINS,
A. A. Gen.

Gen. Grant's Head-Quarters.

AN ACT TO INCREASE THE MEDICAL INSPECTORS.

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, January 2, 1863.

THE following Act of Congress is published for the information and government of all concerned:

AN ACT to facilitate the discharge of disabled soldiers from the army, and the inspection of convalescent camps and hospitals.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be added to the present medical corps of the army eight medical inspectors, who shall, immediately after the passage of this act, be appointed by the President, by and with the advice and consent of the Senate, without regard to their rank when so selected, but with sole regard to qualifications, and who shall have the rank, pay, and emoluments now authorized by law to officers of that grade.

SEC. 2. *And be it further enacted,* That the officers of the medical inspector's department shall be charged, in addition to the duties now assigned to them by existing laws, with the duty of making regular and frequent inspections of all military hospitals and convalescent camps, and shall, upon each such inspection, designate to the surgeon in charge of such hospitals or camps all soldiers who may be, in their opinion, fit subjects for discharge from the service, on surgeon's certificate of disability, or sufficiently recovered to be returned to their regiments for duty, and shall see that such soldiers are discharged or so returned. And the medical inspecting officers are hereby empowered, under such regulations as may be hereafter established, to direct the return to duty, or the discharge from service, as the case may be, of all soldiers designated by them.

Approved December 27, 1862.

By order of the Secretary of War.

E. D. TOWNSEND, Asst.-Adjutant General.

CHANGES, ORDERS, &c.

Asst Surgeon R. B. Taylor, U.S.V., has relieved Assistant Surgeon M. H. Picot, U.S.V., from duty at the Catherine Street Hospital, Philadelphia, Pa. Dr. Picot is under orders for the Army of the Potomac, but is delayed by sickness.

Surgeon D. W. Hand, U.S.V., has returned from leave of absence, and resumed his duties as Medical Director at Suffolk, Va.

Surgeon E. McDonnell, U.S.V., is on duty as member of a Board for the examination and discharge of disabled soldiers at Camp Convalescent, Alexandria, Va.

Surgeon W. H. White, U.S.V., is on duty with the 4th Pennsylvania Cavalry, Averell's Brigade, Army of the Potomac.

Surgeon James Bryan, U.S.V., is on duty in charge of the 18th Street Church Hospital, Washington, D. C., the Epiphany Church having been evacuated on the 10th ult.

Leave of absence for fifteen days has been granted to Surgeon David Little, 18th New York Vols.

Asst Surgeon Eli Small, 18th New York Vols., has been mustered out of the service of the United States, to date October 15, 1862 (the date of muster in), on account of disability, there being no evidence of service rendered by him to the Government.

So much of Special Orders 359, current series, Adjutant-General's Office, as dropped from the rolls of the Army, Assistant Surgeon S. Ford, 2d Virginia Vols., has been revoked, he having been previously honorably discharged by General McClellan.

Original Lectures.

LECTURES ON MILITARY SURGERY.

DELIVERED AT THE
COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

By WILLIAM DETMOLD, M.D.

PROFESSOR OF MILITARY SURGERY AND HYGIENE.

LECTURE IV.

Burial of the Dead after a Battle.—Establishment of Hospitals.—Aerial Space.—Distribution of Patients.

GENTLEMEN:—We will assume now, that all your wounded have been brought in; that you have attended to all, dressed them and sent them off in the ambulances; still your labors are not over. Suppose your army has been victorious, the enemy is flying, and you may have to join your regiment in pursuit; or your regiment keeps the field, and the wounded of the enemy which have been left behind, may require your services, which I need not say should be rendered as cheerfully and as conscientiously as to your own men. But even after you have dressed and cared for the wounded enemy, your time of rest may not yet have arrived.

We will take the case of your army being engaged in a siege, say as the allied armies before Sebastopol, and that you have just repulsed a sortie; you are likely to occupy the ground for a good while yet. Therefore, it behoves you to attend to the burial of the dead, not only your own and the enemy's dead, but even of the horses that have been killed. For although it is not precisely the duty of the surgeon to attend to the burial, yet as a sanitary measure the surgeon must see to it, that the dead are buried so as not to create disease among the survivors.

1st. The trenches should be dug sufficiently deep, and not filled up too much with corpses, to allow a sufficiently deep stratum of earth to cover them. Some disinfectant and deodorizing substance, such as quicklime, sulphate of iron, or the like, should be used for the trenches.

2d. The place for the trenches should be so chosen that the prevailing winds do not carry the effluvia into camp.

3d. Attention must be paid in the choice of the place, that the water which is used in camp does not become vitiated by the putrefaction of so many dead bodies.

The neglect of these points was one of the most prolific sources of disease which more than decimated the English and French armies in the Crimea.

In case of a disaster to the army, such as a hasty strategic movement, change of base, or whatever else the commanding general may choose to call it, where the wounded are left behind, I need not say that the surgeon must remain with the wounded, that is, a sufficient number of surgeons must be left behind to take care of the wounded which fall into the hands of the enemy.

It is beginning to become an established custom no longer to make prisoners of war of the surgeons; they are non-combatants, and as they extend a helping hand to all wounded, whether friend or foe, so should their sacred calling protect them; and wherever surgeons have been captured of late they have, I believe, invariably been unconditionally released.

We have now been in camp and on the march, and we have been in action on the field; it is time to follow our wounded to the hospital.

A military hospital taxes the surgeon to the utmost, for he must not only attend professionally to the patients, but he must also be able to organize and direct the construction of a Hospital, and he must besides attend to its administration. Experience and statistics show that an army during an active campaign requires steadily about 10 per cent. of its force in hospital accommodations; besides, the arrangements must be so made as to admit of a sudden increase of the numbers in the event of a large battle.

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The best plan is, to establish three lines of Hospitals; the hospitals of the first line comprise the field hospitals for the accommodation of those who may require only a few days of hospital attendance, such as slightly wounded, and such as are only slightly indisposed, men with scabies and the like, but mainly for all the seriously wounded, especially those who will not bear transportation. These hospitals are immediately in the rear of the army. The second line embraces the general and permanent hospitals for the reception of the bulk of the sick and wounded; these hospitals must be at a convenient distance, with easy transportation from the front, water transportation if possible. The third line hospitals are still further off, and thither are sent all convalescents and chronic cases.

This arrangement gives a certain elasticity to the hospital accommodations, admitting of a rapid clearing of the first and second line to make room for the wounded when an action takes place.

In the selection of places for Field hospitals we frequently have no choice, we must take what we can find; private dwellings, churches, barns, or in default of these we may have to put up tents or shanties. Whatever it may be, bear in mind that two requisites are of paramount importance in all military hospitals, for without them neither skill nor physic will avail; these two things are fresh air and cleanliness. It is an old established principle to allow for every patient in hospital from 1000 to 1500 cubic feet of air, but that calculation does not always hold good because, for instance, in a church or other high building the volume of air in the upper part of the building is of little use, because the noxious effluvia accumulate in the lower strata; it is therefore better to be guided by surface measure, and you should allow at least 6 feet by 14 for each bed, which in a room of 12 feet height would give you 1008 cubic feet. The beds being about 3 feet wide, this gives you a space of three feet between every two beds, allowing free access to every patient.

But it is not enough to allow 1000 or 1500 cubic feet for every patient, the air must be constantly renewed. A healthy person inspires and expires per hour about 400 cubic feet of air, which volume, therefore, is no longer respirable. In a hospital this vitiation of the air is immensely increased by the exhalations from fever patients, and from suppurating wounds and other causes inseparable from the wards of a hospital. Ventilation must therefore be sufficient to supply for each patient at least 3000 cubic feet of fresh air per hour. The ventilation must be so arranged as to let the fresh air in level with the floor, otherwise the lower strata of air will remain undisturbed and noxious effluvia will accumulate.

Of late years, the science of ventilation has been carried to a high degree of perfection, and in regularly established general hospitals we should avail ourselves of the latest and best results of that science, but in temporary and field hospitals we must do the best we can. Have the windows down to the floor; if they are not, break holes in the wall level with the floor; have the windows constantly open at top and bottom, have the doors open and see that there is free circulation of air through the chimney, and do not allow on any account a close or offensive smell in the wards. Hennen used to allow the patients to smoke in the wards on condition that he should never perceive the smell or tobacco: thus, he got the men to attend to ventilation for the purpose of securing the privilege of smoking; for as a general thing the men are averse to free circulation of air. Do not allow the sheets and bedclothes to hang down and confine the air under the beds, allow no bundles of the private effects of the men under the beds or under the pillows. Exact from the hospital steward and the nurses the most scrupulous cleanliness of everything in and around the hospital, without being too lavish with water in scrubbing the floors of the wards; it causes too much dampness in the wards, which favors the development of trismus and tetanus. Have the walls and ceilings frequently whitewashed. If there are wounds with offensive discharges or gangrene in

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